

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

Lawrence Daniel Robinson, Jr., M.D.

Case No. 800-2014-005993

**Physician's and Surgeon's
Certificate No. C 35069**

Respondent

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 21, 2018.

IT IS SO ORDERED: January 22, 2018.

MEDICAL BOARD OF CALIFORNIA



**Kristina Lawson, Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 REBECCA L. SMITH
Deputy Attorney General
4 State Bar No. 179733
California Department of Justice
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7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2014-005993

13 LAWRENCE DANIEL ROBINSON, JR., M.D.

OAH No. 2017070208

14 1523 West Avenue J, Suite 7
Lancaster, California 93534

15 **STIPULATED SETTLEMENT AND**
16 **DISCIPLINARY ORDER**

15 Physician's and Surgeon's Certificate
16 No. C 35069,

17 Respondent.

18
19 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
23 Board of California ("Board"). She brought this action solely in her official capacity and is
24 represented in this matter by Xavier Becerra, Attorney General of the State of California, by
25 Rebecca L. Smith, Deputy Attorney General.

26 2. Respondent Lawrence Daniel Robinson, Jr., M.D. ("Respondent") is represented in
27 this proceeding by attorney Peter R. Osinoff, whose address is 355 South Grand Avenue, Suite
28 1750, Los Angeles, California 90071.

3. On June 5, 1973, the Board issued Physician's and Surgeon's Certificate No. C 35069 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2014-005993, and will expire on September 30, 2018, unless renewed.

JURISDICTION

4. Accusation No. 800-2014-005993 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 25, 2017. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2014-005993 is attached as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2014-005993. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in Accusation No. 800-2014-005993 and that he has thereby subjected his license to disciplinary action.

10. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2014-005993 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (“PDF”) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. C 35069 issued to Respondent Lawrence Daniel Robinson, Jr., M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions.

1. **EDUCATION COURSE.** Within sixty (60) calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than forty (40) hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education ("CME") requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for sixty-five (65) hours of CME of which forty (40) hours were in satisfaction of this condition.

2. **PRESCRIBING PRACTICES COURSE.** Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education ("CME") requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of

1 this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its
3 designee not later than fifteen (15) calendar days after successfully completing the course, or not
4 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

5 3. MEDICAL RECORD KEEPING COURSE. Within sixty (60) calendar days of the
6 effective date of this Decision, Respondent shall enroll in a course in medical record keeping
7 approved in advance by the Board or its designee. Respondent shall provide the approved course
8 provider with any information and documents that the approved course provider may deem
9 pertinent. Respondent shall participate in and successfully complete the classroom component of
10 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall
11 successfully complete any other component of the course within one (1) year of enrollment. The
12 medical record keeping course shall be at Respondent's expense and shall be in addition to the
13 Continuing Medical Education ("CME") requirements for renewal of licensure.

14 A medical record keeping course taken after the acts that gave rise to the charges in the
15 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
16 or its designee, be accepted towards the fulfillment of this condition if the course would have
17 been approved by the Board or its designee had the course been taken after the effective date of
18 this Decision.

19 Respondent shall submit a certification of successful completion to the Board or its
20 designee not later than fifteen (15) calendar days after successfully completing the course, or not
21 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

22 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within sixty (60) calendar
23 days of the effective date of this Decision, Respondent shall enroll in a professionalism program,
24 that meets the requirements of Title 16, California Code of Regulations ("CCR") section 1358.1.
25 Respondent shall participate in and successfully complete that program. Respondent shall
26 provide any information and documents that the program may deem pertinent. Respondent shall
27 successfully complete the classroom component of the program not later than six (6) months after
28 Respondent's initial enrollment, and the longitudinal component of the program not later than the

1 time specified by the program, but no later than one (1) year after attending the classroom
2 component. The professionalism program shall be at Respondent's expense and shall be in
3 addition to the Continuing Medical Education "CME") requirements for renewal of licensure.

4 A professionalism program taken after the acts that gave rise to the charges in the
5 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
6 or its designee, be accepted towards the fulfillment of this condition if the program would have
7 been approved by the Board or its designee had the program been taken after the effective date of
8 this Decision.

9 Respondent shall submit a certification of successful completion to the Board or its
10 designee not later than fifteen (15) calendar days after successfully completing the program or not
11 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

12 5. MONITORING - PRACTICE. Within thirty (30) calendar days of the effective date
13 of this Decision, Respondent shall submit to the Board or its designee for prior approval as a
14 practice monitor, the name and qualifications of one or more licensed physicians and surgeons
15 whose licenses are valid and in good standing, and who are preferably American Board of
16 Medical Specialties ("ABMS") certified. A monitor shall have no prior or current business or
17 personal relationship with Respondent, or other relationship that could reasonably be expected to
18 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
19 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
20 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

21 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
22 and Accusation(s), and a proposed monitoring plan. Within fifteen (15) calendar days of receipt
23 of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a
24 signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands
25 the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor
26 disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan
27 with the signed statement for approval by the Board or its designee.

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1 Within sixty (60) calendar days of the effective date of this Decision, and continuing
2 throughout probation, Respondent's practice shall be monitored by the approved monitor.
3 Respondent shall make all records available for immediate inspection and copying on the
4 premises by the monitor at all times during business hours and shall retain the records for the
5 entire term of probation.

6 If Respondent fails to obtain approval of a monitor within sixty (60) calendar days of the
7 effective date of this Decision, Respondent shall receive a notification from the Board or its
8 designee to cease the practice of medicine within three (3) calendar days after being so notified.
9 Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring
10 responsibility.

11 The monitor shall submit a quarterly written report to the Board or its designee which
12 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
13 are within the standards of practice of medicine, and whether Respondent is practicing medicine
14 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
15 quarterly written reports to the Board or its designee within ten (10) calendar days after the end of
16 the preceding quarter.

17 If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar
18 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,
19 the name and qualifications of a replacement monitor who will be assuming that responsibility
20 within fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor
21 within sixty (60) calendar days of the resignation or unavailability of the monitor, Respondent
22 shall receive a notification from the Board or its designee to cease the practice of medicine within
23 three (3) calendar days after being so notified. Respondent shall cease the practice of medicine
24 until a replacement monitor is approved and assumes monitoring responsibility.

25 In lieu of a monitor, Respondent may participate in a professional enhancement program
26 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
27 review, semi-annual practice assessment, and semi-annual review of professional growth and
28 education. Respondent shall participate in the professional enhancement program at

1 Respondent's expense during the term of probation.

2 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision,
3 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
4 Chief Executive Officer at every hospital where privileges or membership are extended to
5 Respondent, at any other facility where Respondent engages in the practice of medicine,
6 including all physician and locum tenens registries or other similar agencies, and to the Chief
7 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
8 Respondent. Respondent shall submit proof of compliance to the Board or its designee within
9 fifteen (15) calendar days.

10 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

11 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
12 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
13 advanced practice nurses except that Respondent may supervise physician assistants at the
14 Pacoima and Canoga Park locations of the Medicina Familiar Medical Group.

15 8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
16 governing the practice of medicine in California and remain in full compliance with any court
17 ordered criminal probation, payments, and other orders.

18 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
19 under penalty of perjury on forms provided by the Board, stating whether there has been
20 compliance with all the conditions of probation.

21 Respondent shall submit quarterly declarations not later than ten (10) calendar days after
22 the end of the preceding quarter.

23 10. GENERAL PROBATION REQUIREMENTS.

24 Compliance with Probation Unit

25 Respondent shall comply with the Board's probation unit.

26 Address Changes

27 Respondent shall, at all times, keep the Board informed of Respondent's business and
28 residence addresses, email address (if available), and telephone number. Changes of such

addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing thirty (30) calendar days prior to the dates of departure and return.

11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting more than thirty (30) calendar days and within fifteen (15) calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least forty (40) hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in

1 an intensive training program which has been approved by the Board or its designee shall not be
2 considered non-practice and does not relieve Respondent from complying with all the terms and
3 conditions of probation. Practicing medicine in another state of the United States or Federal
4 jurisdiction while on probation with the medical licensing authority of that state or jurisdiction
5 shall not be considered non-practice. A Board-ordered suspension of practice shall not be
6 considered as a period of non-practice.

7 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
8 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
9 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
10 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
11 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

12 Respondent's period of non-practice while on probation shall not exceed two (2) years.

13 Periods of non-practice will not apply to the reduction of the probationary term.

14 Periods of non-practice for a Respondent residing outside of California will relieve
15 Respondent of the responsibility to comply with the probationary terms and conditions with the
16 exception of this condition and the following terms and conditions of probation: Obey All Laws;
17 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
18 Controlled Substances; and Biological Fluid Testing.

19 13. COMPLETION OF PROBATION. Respondent shall comply with all financial
20 obligations (e.g., restitution, probation costs) not later than one-hundred twenty (120) calendar
21 days prior to the completion of probation. Upon successful completion of probation,
22 Respondent's certificate shall be fully restored.

23 14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
24 of probation is a violation of probation. If Respondent violates probation in any respect, the
25 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
26 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
27 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
28 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall

1 be extended until the matter is final.

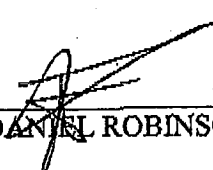
2 15. LICENSE SURRENDER. Following the effective date of this Decision, if
3 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
4 the terms and conditions of probation, Respondent may request to surrender his license. The
5 Board reserves the right to evaluate Respondent's request and to exercise its discretion in
6 determining whether or not to grant the request, or to take any other action deemed appropriate
7 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
8 shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the
9 Board or its designee and Respondent shall no longer practice medicine. Respondent will no
10 longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical
11 license, the application shall be treated as a petition for reinstatement of a revoked certificate.

12 16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
13 with probation monitoring each and every year of probation, as designated by the Board, which
14 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
15 California and delivered to the Board or its designee no later than January 31 of each calendar
16 year.

17 ACCEPTANCE

18 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
19 discussed it with my attorney, Peter R. Osinoff, I understand the stipulation and the effect it will
20 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
21 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
22 Decision and Order of the Medical Board of California.

23
24 DATED: 12/22/17

25 
LAWRENCE DANIEL ROBINSON, JR., M.D.
Respondent

26 ///

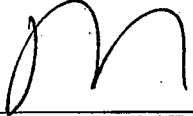
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1 I have read and fully discussed with Respondent Lawrence Daniel Robinson, Jr., M.D. the
2 terms and conditions and other matters contained in the above Stipulated Settlement and
3 Disciplinary Order. I approve its form and content.

4
5 DATED:

12/22/17


PETER R. OSINOFF
Attorney for Respondent

6
7
8 ENDORSEMENT

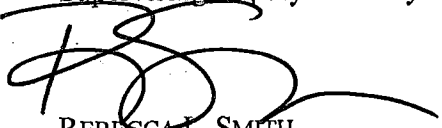
9 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
10 submitted for consideration by the Medical Board of California.

11 Dated:

12 12/27/17

Respectfully submitted,

13 XAVIER BECERRA
Attorney General of California
14 ROBERT MCKIM BELL
Supervising Deputy Attorney General

15 
16 REBECCA L. SMITH
17 Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2014-005993

1 XAVIER BECERRA
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Supervising Deputy Attorney General
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7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
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11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2014-005993

13 LAWRENCE D. ROBINSON, JR., M.D.

ACCUSATION

14 1523 West Avenue J, Suite 7
Lancaster, California 93534

15 Physician's and Surgeon's Certificate No. C35069,
16 Respondent.

17
18
19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California ("Board").

23 2. On June 5, 1973, the Board issued Physician's and Surgeon's Certificate Number
24 C35069 to Lawrence D. Robinson, Jr., M.D. ("Respondent"). That license was in full force and
25 effect at all times relevant to the charges brought herein and will expire on September 30, 2018,
26 unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board under the authority of the following provisions of the California Business and Professions Code ("Code") unless otherwise indicated.

4. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

"..."

5. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

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1 “(5) Have any other action taken in relation to discipline as part of an order of probation, as
2 the board or an administrative law judge may deem proper.

3 “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
4 review or advisory conferences, professional competency examinations, continuing education
5 activities, and cost reimbursement associated therewith that are agreed to with the board and
6 successfully completed by the licensee, or other matters made confidential or privileged by
7 existing law, is deemed public, and shall be made available to the public by the board pursuant to
8 Section 803.1.”

9 6. Section 2234 of the Code, states:

10 “The board shall take action against any licensee who is charged with unprofessional
11 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
12 limited to, the following:

13 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
14 violation of, or conspiring to violate any provision of this chapter.

15 “(b) Gross negligence.

16 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
17 omissions. An initial negligent act or omission followed by a separate and distinct departure from
18 the applicable standard of care shall constitute repeated negligent acts.

19 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate
20 for that negligent diagnosis of the patient shall constitute a single negligent act.

21 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
22 constitutes the negligent act described in paragraph (1), including, but not limited to, a
23 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
24 applicable standard of care, each departure constitutes a separate and distinct breach of the
25 standard of care.

26 “...”

27 ///

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1 7. Section 2266 of the Code states:

2 "The failure of a physician and surgeon to maintain adequate and accurate records relating
3 to the provision of services to their patients constitutes unprofessional conduct."

4 FACTUAL ALLEGATIONS

5 8. By way of history, Patient A.G. was delivered prematurely (at 34-5/7 weeks
6 gestation) by caesarian section on April 25, 2012 secondary to decreased fetal heart rate
7 variability with deep variables and fetal bradycardia.¹ Meconium stained fluids were noted at the
8 delivery. She had APGAR scores of 7 and 9 at one and five minutes, respectively.² Oxygen was
9 administered and she was transferred to the Neonatal Intensive Care Unit (NICU) secondary to
10 prematurity and Intrauterine Growth Retardation (IUGR). She had no respiratory distress
11 throughout the hospitalization, remained clinically stable and did not require antibiotic therapy.
12 She was discharged on April 30, 2012 on a breast milk diet.

13 9. The patient was seen on June 1, 2012 by pediatrician, Dr. Y.K. for irritability, poor
14 feeding, vomiting and a fever of 101. Following examination, Dr. Y.K. found the patient to have
15 a normal temperature and sent her home with her mother.

16 10. Later that evening, at approximately 9:56 p.m., the patient's mother took the 5-week
17 old patient to the emergency department at St. Mary Medical Center with complaints of fever,
18 vomiting after meals and crying all day. In the emergency department, the patient was examined
19 by emergency room physician, Dr. C.A. He ordered a septic work up including a complete blood
20 count, blood cultures, urine cultures and a chest x-ray. Lumbar puncture to obtain cerebrospinal
21 fluid was attempted unsuccessfully on multiple occasions in the emergency room. The patient
22 received intravenous fluids (normal saline) and antibiotics (Ampicillin and Claforan).

23 ///

24 ¹ Initials are used for privacy purposes.

25 ² APGAR is a quick, overall assessment of newborn wellbeing used immediately following the
26 delivery of a baby measuring the baby's color, heart rate, reflexes, muscle tone and respiratory effort.
27 Each category is scored with 0, 1, or 2, depending on the observed condition. The APGAR score is based
28 on a total score of 1 to 10. The higher the score, the better the baby is doing after birth. A score of 7, 8, or
9 is normal and is a sign that the newborn is in good health. Any score lower than 7 is a sign that the baby
needs medical attention.

1 11. Respondent was the pediatrician on call on June 2, 2012. Respondent was contacted
2 by telephone by Dr. C.A. for a pediatric consult and possible admission. Respondent accepted the
3 patient for admission. In the early morning hours of June 2, 2012, the patient was admitted to the
4 pediatric floor under the care of Respondent.

5 12. Laboratory test results reported at 1:40 a.m. on June 2, 2012 reflected an abnormally
6 low red blood cell count of 2.75,³ critically low hemoglobin value of 9.0,⁴ abnormally low
7 hematocrit of 27.7,⁵ and abnormally high platelet count of 523.⁶

8 13. Respondent called in his admission orders by telephone which included additional
9 laboratory studies (complete blood count and blood culture, C-Reactive Protein) as well as
10 antibiotics (Ampicillin and Claforan) "dose per pharmacy."

11 14. Laboratory test results reported at approximately 7:30 a.m. on June 2, 2012 reflected
12 an abnormally low red blood cell count of 2.50, critically low hemoglobin value of 8.1,
13 abnormally low hematocrit of 24.9, and abnormally high platelet count of 492. The patient's C-
14 Reactive Protein was reported as abnormally high at 20.8.⁷

15 15. At approximately 8:42 a.m. on June 2, 2012, Respondent saw the patient. He noted
16 that the patient was stable and doing well. Examination of her fontanelle was noted to be normal.
17 He noted that the patient's chest was clear, she was afebrile and had no skin lesions. Respondent
18 recommended continuing antibiotic therapy. His impression was to rule out sepsis. He
19 recommended checking blood culture results and noted that the patient's C-Reactive Protein was
20 20.8. Respondent changed the patient's antibiotics from Ampicillin and Claforan to
21 Gentamicin, Cefotaxime, and Acyclovir. He requested that the pharmacy prescribe the dosage.

22 ³ A reference range is a set of values that includes upper and lower normal limits of a laboratory
23 test. The laboratory reference range for Red Blood Cell Count is 4.70-6.00.

24 ⁴ The laboratory reference range for hemoglobin is 15.8-18.9.

25 ⁵ The laboratory reference range for hematocrit is 42-56.

26 ⁶ The laboratory reference range for platelet count is 160-400.

27 ⁷ C-Reactive Protein blood test is used to identify inflammation or infection in the body. The
28 laboratory reference range for C-Reactive Protein is 0.0-0.5.

16. Laboratory test results reported at approximately 6:07 p.m. on June 2, 2012 reflected an abnormally low red blood cell count of 2.44, critically low hemoglobin value of 7.9, abnormally low hematocrit of 24.4, and abnormally high platelet count of 511.

17. Respondent was called by the nursing staff at 7:00 p.m. with a report of the patient's laboratory results, including the critically low hemoglobin value of 7.9. No new orders were given by Respondent at that time.

18. Respondent was next called by the nursing staff at 10:47 p.m. with the blood culture result of gram positive cocci. No new orders were given by Respondent at that time.

19. At approximately 11:58 p.m. on June 2, 2012, the nursing staff noted that the patient was slightly irritable. At 4:00 a.m. on June 3, 2012, the nursing staff noted that the patient was "generally fussy." At 7:00 a.m., the nursing staff noted increased fussiness and later noted that the patient was irritable and appeared to be uncomfortable to touch.

20. Respondent saw the patient on June 3, 2012, at which time he prepared a handwritten progress note setting forth that the patient was stable and less irritable. He noted that the patient's chest was clear, with no murmur, no ecchymosis or petechiae. Respondent's impression was to rule out sepsis. He noted that the patient's C-Reactive Protein had decreased to 13.9. His plan was to continue antibiotic therapy.

21. Laboratory test results reported at approximately 12:05 p.m. on June 3, 2012 reflected an abnormally low red blood cell count of 2.18, critically low hemoglobin value of 7.2, abnormally low hematocrit of 22.0, and abnormally high platelet count of 482.

22. Respondent was called by the nursing staff at 12:30 p.m. with the laboratory results. Respondent ordered that a complete blood count be performed in the morning.

23. Laboratory test results reported at approximately 6:16 a.m. on June 4, 2012 reflected an abnormally low red blood cell count of 2.13, critically low hemoglobin value of 6.9, abnormally low hematocrit of 21.3, and abnormally high platelet count of 536.

24. Respondent next saw the patient on June 4, 2012, at which time he prepared a handwritten progress note setting forth that the patient was stable and constitutionally stable. He noted that the patient was stable upon physical examination. Respondent's impression was to rule

1 out sepsis and anemia of infection. He noted "transfusion not needed" and that the patient's
2 hematocrit dropped from 28 to 21. Respondent's plan was to have the patient's hematocrit and
3 hemoglobin tested daily.

4 25. At approximately 1:00 a.m. on June 5, 2012, the nursing staff noted that the patient
5 was "having episodes of muscle twitching to extremities and neck, remains awake and alert but
6 episodes more frequent, lasting 30-60 seconds. Remains slightly irritable tonight....Called
7 [Respondent] to inform him of baby's condition." Respondent ordered that a chemistry panel be
8 added to the laboratory studies.

9 26. At approximately 6:00 a.m., the nursing staff noted that the patient was tolerating
10 feeds and had mild twitching.

11 27. Respondent transferred the patient's care to Dr. J.S. at approximately 6:30 a.m. or
12 7:00 a.m. on June 5, 2012. At the time of his interview with the Medical Board, Respondent
13 stated that during the transfer of care, he reported to Dr. J.S. that the patient was responding but
14 had anemia and needed to be transfused.

15 28. Laboratory test results reported at approximately 6:41 a.m. on June 5, 2012 reflected
16 an abnormally low red blood cell count of 2.14, critically low hemoglobin value of 6.9,
17 abnormally low hematocrit of 21.2 and critically high platelet count of 648.

18 29. At approximately 8:00 a.m., the nursing staff noted that the patient's mother reported
19 twitching. It was noted that the patient was having rhythmic twitching of the neck and face with
20 episodes lasting approximately 30-60 seconds. Dr. J.S. was called to notify of seizure activity.

21 30. Dr. J.S. ordered diagnostic studies (MRI and EEG) and lumbar puncture as well as
22 consults with neurology and infectious disease. The patient was found to have Group B beta
23 streptococcus⁸ and the seizures were noted to be most likely related to the streptococcal
24 meningitis. The patient was ultimately transferred to the neonatal intensive care unit and received
25 21 days of antibiotic therapy.

26 ⁸ Group B streptococcus (GBS) is a type of bacterium that causes sepsis (blood infection) and
27 meningitis (infection of the fluid and lining surrounding the brain). Premature infants are more susceptible
28 to GBS infection than full-term infants. Late-onset GBS may develop in infants 1 week to several months
after birth. Meningitis is common with late-onset GBS disease.

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1 determination of the optimal dosage for the patient's treatment entirely to the discretion of the
2 pharmacist.

3 C. Respondent failed to properly evaluate and assess the serial decline in the
4 patient's hemoglobin and increase in platelet count which would have lead to an earlier diagnosis
5 of the serious infection that was later diagnosed.

6 D. Following the reports of twitching movements by the nursing staff, Respondent
7 failed to properly evaluate, assess and investigate the underlying reason for the twitching
8 movements.

9 E. Respondent rounded on the patient once a day during his care and treatment of
10 her and failed to personally examine her upon being informed of the change in her status (i.e.,
11 decreasing hemoglobin, increasing platelets, agitation, and twitching movements).

12 F. Respondent rounded on the patient once a day during his care and treatment of
13 her and failed to seek appropriate consultation and diagnostic studies in response to the change in
14 her status (i.e., decreasing hemoglobin, increasing platelets, agitation, and twitching movements).

15 36. Respondent's acts and/or omissions as set forth in paragraphs 8 through 34, above,
16 whether proven individually, jointly, or in any combination thereof, constitute repeated acts of
17 negligence pursuant to section 2234, subdivision (c), of the Code. Therefore cause for discipline
18 exists.

19 PRAYER

20 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
21 and that following the hearing, the Medical Board of California issue a decision:

22 1. Revoking or suspending Physician's and Surgeon's Certificate Number C35069,
23 issued to Lawrence D. Robinson, Jr., M.D.;

24 2. Revoking, suspending or denying approval of his authority to supervise physician
25 assistants pursuant to section 3527 of the Code, and advanced practice nurses;

26 3. If placed on probation, ordering him to pay the Board the costs of probation
27 monitoring; and

28 ///

1 4. Taking such other and further action as deemed necessary and proper.

2
3 DATED: May 25, 2017



KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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